



IDAHO

DEPARTMENT OF FINANCE

C. L. "BUTCH" OTTER
Governor

GAVIN M. GEE
Director

Application for Licensure Under the Idaho Collection Agency Act
(includes collection agencies, debt/credit counselors, debt buyers and credit repair organizations)

- ◆ Attached is the application for licensure under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the license is approved, it will remain in effect until March 15, unless otherwise surrendered, revoked or suspended. Licenses should be prominently displayed at the licensed location appearing on the license.
- ◆ Application Fee of \$150 should be made payable to the Idaho Department of Finance. Application packages are to be delivered to the addresses noted at the bottom of this letter. All approved licenses will be mailed to the *licensed location*.
- ◆ Renewal information is mailed to the licensee, and forms are posted to the Department's website approximately January 15 annually and must be filed and complete, along with renewal fee and agent fees, by midnight, March 15 annually.
- ◆ Quarterly Notification of Agents, Form CA4 and \$20 fee per agent, are required to be filed on any new agent in the licensee's employ for 30 days. Forms are available in the collection agency forms section of the Department's website at <http://finance.idaho.gov>.
- ◆ It is necessary to inform the Department of Finance prior to any change that affects your business structure, name, assumed business name, officers, directors or other control persons, responsible person in charge, bond coverage or provider, business or trust account information, or other information to keep the filed application current. Additional documents may be necessary. Changes to the licensee's structure will require submission of a full new application package and appropriate fee. There is no fee related to other changes to the license.
- ◆ Notification of an address change for the "home/main" office requires an advance amendment filing of Form CA1 to the Department. Licensable activity may not be conducted until a new license is issued reflecting the new address. Licenses are not transferable. Notification of office closure(s) must be submitted to the department along with evidence of compliance with the discontinuance of operations requirements under Idaho Code § 26-2246.
- ◆ Any person may verify that your license is active and in good standing, once approved, by checking the approved collection agency licensee lists at <http://finance.idaho.gov>. Information is updated in live time.

Any further question, please contact us at (208) 332-8002.

CONSUMER FINANCE BUREAU
800 Park Blvd, Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8096
<http://finance.idaho.gov>

PROTECTING THE INTEGRITY OF IDAHO FINANCIAL MARKETS

**LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS,
DEBT BUYERS, & CREDIT REPAIR ORGANIZATIONS
FORM CA1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA1 is the License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant* would like an amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form CA1. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *applicant* and license number where applicable.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CANCEL** – When an *applicant* decides to cease operations under the license, use the Form CA1 to notify the Idaho Department of Finance by checking the "Surrender/Cancel" box and completing only items 1A, 2, and 3.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Submit a fully completed Form CA1 when the *applicant* is filing for the first time.
- B. For the initial Form CA1 filing, the Execution section must include notarized original manual signature.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA1 and its Schedules or a reproduction of them.

2. ATTACHMENTS – Provide the following:

- A. \$150 Application Fee.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed after initial submission.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent must be located in Idaho.
- D. File a Form CA2 for each individual designated on Schedules A or C as a *control person*, to include the Responsible Person in Charge.
- E. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal hours must be provided to Idaho debtors and the Department.
The following items may be used to demonstrate the required experience in the business to be conducted for the RPIC:
 - i. A résumé that includes *detailed job descriptions, duties or experience* in the business to be conducted under this license; or
 - ii. A notarized certification, signed by someone with signature authority for the licensee that attests to the required experience of the designated RPIC.

- F. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho. Contact the IDSOS at 208.334.2300 for filing information.
- G. If the *applicant* is a corporation, enclose a file-stamped copy of the Certificate of Authority issued by the IDSOS, as well as a copy of the applicant’s Articles of Incorporation, including amendments, and a Certificate of Good Standing issued by the domestic state.
- H. If the *applicant* is a limited liability company (LLC), enclose a file-stamped copy of the Application for Registration of Foreign Limited Liability Company issued by the IDSOS, as well as a copy of the Articles of Organization and operating agreement, and a Certificate of Good Standing issued by the domestic state.
- I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement and evidence of filing with the IDSOS. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. Individual(s) having contact with Idaho citizens or businesses while conducting business activities covered by the Idaho Collection Agency Act must complete a Form CA4 and pay an initial \$20 Registration Fee *per agent* (this is an annual fee after initial payment on registration).
- K. Branch offices need to complete a Form MU3 for each branch. No additional fee is required to register branch offices.
- L. Provide an organization structure chart reflecting parent companies, affiliates and subsidiaries.
- M. Provide a complete detailed written description of the business activities to be conducted in Idaho.
- N. Provide a complete Consent to Service of Process and Consent to Examination of Accounts Form.

3. **FINANCIAL RESPONSIBILITY** – Provide a \$15,000 Idaho Surety Bond or a \$15,000 Certificate of Deposit (CD), in the applicant’s name, FBO (for the benefit of) the Director of the Idaho Department of Finance. Instructions for a CD in lieu of Surety Bond are available on the Department’s website at <http://finance.idaho.gov> in the collection agency forms section. The **original** bond or CD must be filed with the Department. The bond must be fully executed by both the surety company and licensee. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure. **NOTE: The name of the principal insured on the bond/CD must match EXACTLY to the name shown on your license and the entity filing with the Idaho Secretary of State.**

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA1

1. **GENERAL**

APPLICANT – The collection agency, debt/credit counselor, debt buyer or credit repair organization applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

C. EXPLANATION OF TERMS – continued

2. FOR THE PURPOSE OF ITEM 9

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled by*, the *applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, collection agency, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

Applicant full legal name: _____

2. Contact employee information and verbiage:

(A) Registered Agent:

Name and Title (_____) ext (_____) Business Phone Fax Line e-mail address

PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(B) Contact Employee:

Name and Title (_____) ext (_____) Business Phone Fax Line e-mail address

PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(C) Consumer Complaint Employee information:

Name and Title (_____) ext (_____) Business Phone Fax Line e-mail address

Business Address City State / Province & Country Zip+4 / Postal Code

(D) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

Records Custodian Name (_____) ext (_____) Business Phone Fax Line e-mail address

Business Address City State / Province & Country Zip+4 / Postal Code

3. Enter appropriate number in the box(es) for each jurisdiction:

Use the **CA** box for collection agency/debt buyer, the **DCC** box for debt/credit counselor, and the **CR** box for credit repair.

Enter "1" if *applicant is newly applying* in that *jurisdiction*

Enter "2" if *applicant has a pending application* in that *jurisdiction*

Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*

Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*

Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

	CA	DCC	CR		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

Identify below all types collection related business(es)

4. Check type(s) of collection related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.		YES
(A) First party collection		<input type="checkbox"/>
(B) Third party collection		<input type="checkbox"/>
(C) Passive debt buyer (does not undertake direct collections on accounts)		<input type="checkbox"/>
(D) Active debt buyer (undertakes direct collections on accounts)		<input type="checkbox"/>
(E) Debt/Credit counseling		<input type="checkbox"/>
(F) Credit repair		<input type="checkbox"/>
(G) Third party first mortgage servicing		<input type="checkbox"/>
(H) Third party subordinate lien mortgage servicing		<input type="checkbox"/>
(I) Account/Billing service		<input type="checkbox"/>
(J) Judgment recovery		<input type="checkbox"/>
(K) Other _____		<input type="checkbox"/>
5. (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act?		YES NO
If "yes" briefly describe. _____		<input type="checkbox"/> <input type="checkbox"/>

(B) Will the <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?		YES NO
If "yes," provide the name(s) of the other <i>person(s)</i> . _____		<input type="checkbox"/> <input type="checkbox"/>
6. (A) Indicate legal status of <i>applicant</i>.		
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____		
<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company		
(B) Fiscal year end (MM/DD): _____		
(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):		
Formation State/: _____ Date of formation (MM/DD/YYYY): _____		
Formation Province & Country _____		
(D) If publicly traded please insert stock symbol: _____		
(E) Trust and Operating Bank Accounts. Provide the name and address of the financial institution(s) where the licensee's general operating and Idaho client trust accounts are/will be located. Attach additional sheets if needed.		
Bank Name (if branch, include branch name): _____		
Address _____ City _____ State _____ ZIP _____		
Trust Account Number(s): _____		
General Operating Business Account Number(s) _____		

Applicant full legal name: _____ **Control Information**

7. (A) Directly or indirectly, does <i>applicant control</i> or is <i>applicant</i> under common <i>control</i> with, any <i>person</i> that is engaged in <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> business?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, complete information below for each relationship. In the " <i>Control Relationship</i> " Column", enter "S" if the <i>applicant controls</i> the entity (subsidiary) and "A" if the <i>applicant</i> is under common <i>control</i> with the entity (affiliate). Attach additional sheets as necessary.						
Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship	
Provide an organizational chart. Briefly describe <i>control</i> relationship(s), including percentage of interest. Use additional sheets for comments if necessary. <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>						
Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur after initial submission.						
8. Include Qualifying Individual – Responsible Person in Charge who will supervise the business related activities of the applicant conducted under the Idaho Collection Agency Act.						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title	Number and Street	City	State/Province	Zip + 4/Postal Code	

<div>Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS</div>	Applicant full legal name: _____				
	Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____		
1. Use Schedule A only in new applications to provide information on the direct owners and executive officers of the <i>applicant</i> . Use Schedule B in new applications to provide information on indirect owners. File all <u>amendments</u> on Schedule C. Complete each column.					
2. List below the names of: (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions; (b) each <i>control person</i> (c) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i> , unless the <i>applicant</i> is a publicly traded company; Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i> . For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. (d) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital; (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i> , or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee; (f) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and (g) the Responsible Person(s) in Charge (RPIC) of supervising the business activities of the <i>applicant</i> must be listed whether or not such persons are owners of the <i>applicant</i> .					
3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).					
5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "control" as defined in the instructions to form CA1, and "No" if the <i>person</i> does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form CA2. (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

Schedule B INDIRECT OWNERS	<i>Applicant</i> full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____	
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1. Use Schedule B only in new applications to provide information on the **indirect** owners of the *applicant*. Use Schedule A in new applications to provide information on **direct** owners. File all amendments on Schedule C. **Complete each column.**
2. With respect to each owner listed on Schedule A, (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.

(b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

(d) in the case of an owner that is a trust, the trust and each trustee; and

(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Direct Owner in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

<div><div>Schedule C</div><div>AMENDMENTS TO SCHEDULES A & B</div></div>	<div>Applicant full legal name: _____</div> <div>Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____</div>
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1. This Schedule is used to amend Schedules A and B of Form CA1. Refer to those schedules for specific instructions for completing this Schedule C. **Complete each column.**
2. In the Type of Amendment (“Type of Amd.”) column, indicate “A” (addition), “D” (deletion), or “C” (change in information about the same *person*).

3. List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

4. List below all changes to Schedule B (INDIRECT OWNERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

COLLECTION BIOGRAPHICAL STATEMENT & CONSENT FORM FORM CA2 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form(s) CA2 must accompany Form CA1, the Collection Agency Application form. Each individual identified as a *control person* for the *applicant* on Schedule A of Form CA1, must complete Form CA2. Additionally, *applicants* must update the roster of *control persons* on Form CA1 by filing a Schedule C, thus requiring additional CA2 forms.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant*.
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **DATES** – The filing date is the date *applicant* submits this form to the *Department*. The desired effective date is the date *applicant* would like the amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update biographical information by submitting amendments using Form CA2. On Form CA2, circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Each individual identified as a *control person* on Schedules A or C must complete Form CA2. A fully completed Form CA2 for each *control person* is required to be submitted along with the *applicant's* initial Form CA1. Form CA2 also accompanies Schedule C when reporting new *control person(s)*.
- B. Type or print all information clearly and legibly.
- C. Use only the current version of Form CA2 or a reproduction of it.
- D. The Acknowledgment & Consent section must include notarized original manual signature.
- E. The Employment Representation section must include original manual signature.
- F. Employment history, item 6: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.

2. ATTACHMENTS -

- A. Agents of the applicant/licensee who will contact persons in Idaho relative to the business activities of the applicant/licensee will need to file a Form CA4.
- B. Provide written explanations and supporting documents for any "Yes" answer provided in section 8.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA2

1. GENERAL

APPLICANT – The collection agency, debt/credit counselor, debt buyer or credit repair organization applying on or amending information on Form CA1 (including schedules) or Form CA3. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (a natural person) named on Form CA1 in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC, or other organization.

2. **FOR THE PURPOSE OF ITEM 8**

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM CA2	BIOGRAPHICAL STATEMENT & CONSENT COLLECTION AGENCY APPLICATION FORM					
Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____						
License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify items being amended.</i>						
1. Individual's identifying information: (A) Full last, first and middle names: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Last Name First Name Full Middle Name Suffix (if any) </div>						
(B) Social Security Number: _____ (C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country/Province of Birth: _____						
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary). Name _____ Name _____ Name _____ Name _____						
(H) For amendments only: If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Last Name First Name Full Middle Name Suffix (if any) </div>						
(I) Current Employer Name (applicant/licensee): _____						
(J) Office of Employment address: (do not use a P.O. Box) _____ <input type="checkbox"/> If this address is your private residence, check this box. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Number & Street City State / Province & Country Zip+4 / Postal Code </div>						
(K) Current Residence address (if different from employment address): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Number & Street City State / Province & Country Zip+4 / Postal Code </div>						
(L) Telephone Numbers and e-mail address: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> () _____ Business Phone () _____ Cell Phone (optional) () _____ Fax Line () _____ e-mail address </div>						
2. Individual's Acknowledgment & Consent: I swear or affirm that I have executed this form before a Notary Public, of my own free will and: (A) I have read and understand the items and instructions on this form; (B) My answers (including attachments) are true and complete to the best of my knowledge; (C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers; (D) I authorize all my current and former <i>employers</i> , law enforcement agencies, and any other <i>person</i> to furnish to any <i>jurisdiction</i> , or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former <i>employers</i> , complete reasons for my termination; (E) I have read and understand applicable federal and state law, and will be in compliance at all times; (F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="text-align: center; margin-bottom: 10px;"> _____ Date (MM/DD/YYYY) </div> <div style="text-align: center; margin-bottom: 10px;"> Signed or attested before me: _____ Print Notary Public name </div> <div style="text-align: center;"> Notary seal here </div> </div> <div style="width: 45%;"> <div style="text-align: center; margin-bottom: 10px;"> _____ Signature of individual </div> <div style="text-align: center; margin-bottom: 10px;"> by _____ Print individual's name </div> <div style="display: flex; justify-content: space-between;"> <div> on this _____ day of _____, Date </div> <div> at _____ Year State County </div> </div> </div> </div>						

Notary Public signature

Notary Appointment Expires (MM/DD/YYYY)

***Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.
Affix notary stamp or seal where applicable.***

Applicant full legal name: _____ Individual's full legal name: _____

3. Employer's Representation:

To the best of my knowledge and belief, the *control person* will be familiar with the statutes, regulations, and rules of the *jurisdiction* where this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

_____ by _____
Company Name Signature of authorized party Print Name and Title of authorized party

Employment Representation must always be completed in full with original, manual signature.

4. Fingerprint Information filing representation: (Not required to be filed in Idaho at this time)

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.

☒ I am applying for a license in a jurisdiction that does not require me to submit fingerprint cards.

5. Residential History: Starting with current address provide all residential addresses over the last ten years. Records must contain a complete ten years history without gaps. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country/ Province

6. Employment History: Provide a complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was related to *collection, debt/credit counseling, debt buying, credit repair or any financial service-related business*. Records must contain a complete 10 year history without gaps. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held (no abbreviations)	Address/City	State and Postal Code	Country/ Province	YES or NO?

Applicant full legal name: _____

Individual's full legal name: _____

<p>7. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is related to <i>collection, debt/credit counseling, debt buying, credit repair or any financial service-related business</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>8. Disclosures: If the answer to any of the following is "YES," provide complete details of all events or proceedings. Send the details on a separate sheet to the Department together with this application. Remember to file updates to these disclosures as needed.</p>		
<p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past 10 years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Criminal Disclosure</p> <p>(D) Within the past ten (10) years, have you been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization within the past ten (10) years been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(F) Have you been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court within the past ten (10) years to a <i>misdemeanor involving: collection, debt/credit counseling, debt buying, credit repair, OR any financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i></p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization within the past ten (10) years been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 8(F)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____ Individual's full legal name: _____

Regulatory Action Disclosure	YES	NO
(H) Has any state or federal regulatory agency or <i>foreign financial regulatory authority</i> within the past ten (10) years: (1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>collection, debt/credit counseling, debt buying, credit repair, or financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or state or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(H) or 8(I)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(K) (1) Has any domestic or foreign court ever: (a) <i>enjoined</i> you in connection with any <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> civil action brought against you by a state, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> civil action that could result in a "yes" answer to any part of 8K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> consumer-initiated arbitration or civil litigation which:	<input type="checkbox"/>	<input type="checkbox"/>
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:	<input type="checkbox"/>	<input type="checkbox"/>
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>

BRANCH OFFICE REGISTRATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT BUYERS, AND CREDIT REPAIR ORGANIZATIONS FORM CA3 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA3 is the Branch Office Registration form accompanying the Form CA1- License Application form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant* would like this registration or amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information about a branch office by submitting amendments using Form CA3. When making changes to an existing branch registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form CA1 (company's main office) as the contact employee will be contacted by the Idaho Department of Finance, if needed, about this branch Form CA3.
7. **RECORDS** – Please identify where records will be kept if the *applicant* intends to maintain records for the branch office at a location other than the main address of the *applicant* or the location specified in item 2(C) on Form CA1.
8. **SURRENDER / CANCEL**– When an *applicant* decides to cease operations under this branch registration, at one or more branch locations, use the Form CA3 to notify the Idaho Department of Finance by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form CA3 for each branch registration that is being surrendered. Send the original branch registration document (if any was issued) to the Idaho Department of Finance along with the Form CA3 to surrender/cancel. Use the Form CA1 to notify the Department if the entire company will cease operations under the license/registration.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Form CA3 may accompany a new company filing with Form CA1, or may follow the Form CA1 later. A fully completed Form CA3 must be submitted when the *applicant* is filing for branch registration the first time.
- B. The Execution section must include a notarized original manual signature for the initial Form CA3 filing for each branch office.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA3 or a reproduction of it.

2. ATTACHMENTS

- A. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal business hours must be provided to Idaho debtors and the Department. The following items may be used to demonstrate the required experience in the business to be conducted for the RPIC:
 - i. A résumé that includes *detailed job descriptions, duties or experience* in the business to be conducted under this license; or
 - ii. A notarized certification, signed by someone with signature authority for the licensee that attests to the required experience of the designated RPIC.
- B. File a Form CA2 for the RPIC if different than the RPIC filed in Form CA1.
- C. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho at this branch location if not previously filed. Contact the IDSOS at 208.334.2300 for filing information.
- D. Individual(s) having contact with Idaho citizens or businesses while conducting business activities covered by the Idaho Collection Agency Act must complete a Form CA4 and pay a \$20 Registration Fee *per person* (this is an annual fee after initial payment at the time of registration).
- E. There is no application fee for a branch registration.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA3

APPLICANT – The collection agency, debt counselor, credit counselor, debt buyer or credit repair organization applying on or amending information on this form for a branch registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust or other organization.

Applicant full legal name: _____

7.	Physical address of location where the official books and records generated by this branch office will be kept. <input type="checkbox"/> Check here if same as previously specified principal records location (Item 2C on Form CA1). If multiple custodians maintain records for this branch, attach a separate sheet and indicate the types of records each custodian keeps.																
	_____ Records Custodian Name			(____) _____ ext ____ Business Phone			(____) _____ Fax Line			_____ e-mail address							
	_____ Number & Street			_____ City			_____ State / Province & Country			_____ Zip+4 / Postal Code							
8	Enter appropriate number in the box(es) for each <i>jurisdiction</i> : Use the CA box for collection agency/debt buyer, the DCC box for debt/credit counselor, and the CR box for credit repair. Enter "1" if <i>applicant</i> is newly applying in that <i>jurisdiction</i> Enter "2" if <i>applicant</i> has a pending application in that <i>jurisdiction</i> Enter "3" if <i>applicant</i> is already licensed/registered in that <i>jurisdiction</i> Enter "4" if <i>applicant</i> is surrendering/canceling in that <i>jurisdiction</i> Enter "5" if <i>applicant</i> is formerly licensed/registered in that <i>jurisdiction</i>																
		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR	
Alabama					Idaho				Montana					Rhode Island			
Alaska					Illinois				Nebraska					South Carolina			
Arizona					Indiana				Nevada					South Dakota			
Arkansas					Iowa				New Hampshire					Tennessee			
California – DOC					Kansas				New Jersey					Texas – OCCC			
California – DRE					Kentucky				New Mexico					Texas – SML			
Colorado					Louisiana				New York					Utah			
Connecticut					Maine				North Carolina					Vermont			
Delaware					Maryland				North Dakota					Virginia			
District of Columbia					Massachusetts				Ohio					Washington			
Florida					Michigan				Oklahoma					West Virginia			
Georgia					Minnesota				Oregon					Wisconsin			
Guam					Mississippi				Pennsylvania					Wyoming			
Hawaii					Missouri				Puerto Rico								
9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?													Y	N		
10.	Will this branch office have sole responsibility for decisions relating to individuals collecting, counseling or soliciting debtors or businesses for collection-related services: (a) with respect to employment? (b) with respect to compensation?													Y	N		
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)					Address, City, State/Province, Zip/Postal Code					Telephone		IRS Tax No., SSN, or Employer ID#		Separately Licensed ? YES NO			
														<input type="checkbox"/> YES <input type="checkbox"/> NO			
														<input type="checkbox"/> YES <input type="checkbox"/> NO			
														<input type="checkbox"/> YES <input type="checkbox"/> NO			
														<input type="checkbox"/> YES <input type="checkbox"/> NO			

**INDIVIDUAL AGENTS OF COLLECTION AGENCIES, DEBT/CREDIT
COUNSELORS, DEBT BUYERS, CREDIT REPAIR ORGANIZATIONS, AND
RESPONSIBLE PERSONS IN CHARGE – REGISTRATION & CONSENT FORM
FORM CA4 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA4 is the Individual Agent, Solicitor, Counselor and Responsible Person Registration & Consent form.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **DATES** – The filing date is the date *applicant* submits this form to the *Idaho Department of Finance*. The desired effective date is the date *applicant* would like this registration or amendment to become effective.
4. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form CA4. Circle (or otherwise identify) and complete the information that is being amended as well as the name of the *applicant*. If the amendment filing is to change the individual's name, enter the old name in item 1(A) and the new name in item 1(H). Appropriate supporting documentation includes, but is not limited to, copies of marriage certificates, divorce decrees, or other legal documents evidencing both the prior and new names.
5. **SURRENDER / CANCEL** – When an *applicant* decides to cease activity under the registration, use the Form CA4 to notify the Department of Finance by checking the "surrender/cancel" box. Complete items 1(A) and 5.

B. FILING INSTRUCTIONS

1. FORMAT

- A. A fully completed Form CA4 is required to be submitted.
- B. Type or print all information clearly and legibly.
- C. Use only the current version of Form CA4 or a reproduction of it.
- D. The Acknowledgment & Consent (item 2) must include notarized original manual signature.

2. ATTACHMENTS -

- A. A Registration Fee of \$20 *per agent* is required (this is an annual fee after initial payment on registration).
- B. Written explanation and supporting documents are required for any "Yes" answer in section 3.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA4

1. GENERAL

APPLICANT – The individual applying on or amending information on this form.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a general partner or executive officer, including Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 3

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM CA4	INDIVIDUAL AGENTS OF COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT BUYERS, CREDIT REPAIR ORGANIZATIONS, AND RESPONSIBLE PERSONS IN CHARGE – REGISTRATION & CONSENT FORM	
Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____		
License # information (if applicable) of employer.	License # _____ _____	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> SURRENDER/CANCEL REGISTRATION </div> <div> <input type="checkbox"/> AMEND EXISTING REGISTRATION (circle or identify & complete only item(s) being changed) </div> </div>		
1. Individual's identifying information: (A) Full last, first and middle names:		
_____ Last Name	_____ First Name	_____ Full Middle Name
(B) Social Security Number: _____	(C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
(D) Date of Birth (MM/DD/YYYY) _____	(E) State or Province of Birth: _____	(F) Country of Birth: _____
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases , and names used before or after marriage. (Use additional sheets as necessary).		
Name _____	Name _____	Name _____
(H) For amendments only: If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:		
_____ Last Name	_____ First Name	_____ Full Middle Name
_____ Suffix (if any)		
(I) Office of Employment address: (do not use a P.O. Box) <input type="checkbox"/> If this address is your private residence, check this box.		
_____ Number & Street	_____ City	_____ State / Province & Country
_____ Zip+4 / Postal Code		
(J) Current Residence address (if different from employment address):		
_____ Number & Street	_____ City	_____ State / Province & Country
_____ Zip+4 / Postal Code		
(K) Telephone Numbers and e-mail address:		
(_____) _____ Business Phone	(_____) _____ Fax Line	
2. Individual's acknowledgment & consent: I swear or affirm that I have executed this form before a Notary Public, of my own free will and:		
(A) I have read and understand the items and instructions on this form; (B) My answers (including attachments) are true and complete to the best of my knowledge; (C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers; (D) I authorize all my current and former employers, law enforcement agencies, and any other <i>person</i> to furnish to the Idaho Department of Finance, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination; (E) I have read and understand applicable federal and state law, and will be in compliance at all times; (F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.		
Notary seal here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ Print Notary Public name on this _____ day of _____ Date _____ Month _____ _____ Notary Public signature	_____ Signature of <i>applicant</i> by _____ Print <i>applicant</i> name _____ at _____ Year _____ State _____ County _____ _____ Notary Appointment Expires MM/DD/YYYY
Individual's acknowledgment & consent must be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.		

Applicant full legal name (last, first, middle): _____

3. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> and send to the Idaho Department of Finance.		
Financial Disclosure	YES	NO
(A) Within the past ten years: (1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition? (2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? (B) Has a bonding company ever denied, paid out on, or revoked a bond for you? (C) Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Criminal Disclosure		
(D) Within the past ten (10) years have you : been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Based upon the activities that occurred while you exercised <i>control</i> over it, has any organization within the past ten (10) years: been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(F) Within the past ten (10) years have you been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: collection, credit repair, debt/credit counseling, debt buying or related activites OR financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Within the past ten (10) years, based upon the activities that occurred while you exercised <i>control</i> over it, has any organization: been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 3(F)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(H) (1) Has any domestic or foreign court within the past ten (10) years: (a) <i>enjoined</i> you in connection with any <i>collection, credit repair, debt/credit counseling, debt buying or related activites OR financial services-related activity</i> ? (b) <i>found</i> that you were <i>involved</i> in a violation of any <i>collection, credit repair, debt/credit counseling, debt buying or related activites OR financial services-related statute(s) or regulation(s)</i> ? (c) dismissed, pursuant to a settlement agreement, a <i>collection, credit repair, debt/credit counseling, debt buying or related activites OR financial services-related civil action</i> brought against you by a state, federal, or <i>foreign financial regulatory authority</i> ? (2) Are you named in any pending <i>collection, credit repair, debt/credit counseling, debt buying or related activites OR financial services-related civil action</i> that could result in a "yes" answer to any part of 3(H)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Applicant full legal name (last, first, middle): _____

Regulatory Action Disclosure	YES	NO
(I) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> within the past ten (10) years:	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Have you ever had an authorization to act as an attorney, accountant, or state or federal contractor revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(K) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 9(I) or 9(J)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:	<input type="checkbox"/>	<input type="checkbox"/>
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:	<input type="checkbox"/>	<input type="checkbox"/>
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>



STATE OF IDAHO
DEPARTMENT OF FINANCE
Consumer Finance Bureau
800 Park Blvd., Ste 200
Boise, ID 83712
P.O. Box 83720
Boise, ID 83720-0031

BOND # _____
Effective date _____ 20 _____

SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT

Pursuant to Idaho Code § 26-2232

(\$15,000.00 minimum)

_____, Principal herein, desires to engage in business as a permittee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the name shown above, and as such is required pursuant to § 26-2232 of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and _____, as Surety, a corporation duly incorporated under the laws of the state of _____ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$_____, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: _____.

In any case where the Principal or its representatives has failed to account for and pay over the proceeds of any collection made or money received for payment or prorating to creditors, or has failed to return to a debtor any sum received that was not to be applied to his debts, the Surety shall be obligated to the Department of Finance, State of Idaho, under this bond therefor, up to the limit of this bond. Further, the creditor or debtor shall have in addition to all other legal remedies a right of action in its own name on this bond, without the necessity of joining the Principal in the action.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

(PRINCIPAL)

(SIGNATURE OF OFFICER OF THE PRINCIPAL) DATE

(NAME OF SURETY COMPANY)

(SIGNATURE OF OFFICER OF SURETY COMPANY) DATE

(TITLE OF OFFICER OF SURETY COMPANY)

(NAME, TITLE AND TELEPHONE NUMBER OF CONTACT
FOR SURETY)



IDAHO COLLECTION AGENCY ACT
CONSENT TO SERVICE OF PROCESS AND CONSENT TO EXAMINATION OF ACCOUNTS

Idaho Code § 26-2225(11) provides that every applicant for a collection agency license shall execute an irrevocable consent to service appointing the Director of the Department of Finance (Director) and his successors in office to be attorney of the applicant to receive service of any lawful process in any civil suit, action, or proceeding against the applicant which arises under the Idaho Collection Agency Act (Act) or any rule or order under the Act.

Idaho Code § 26-2234(3) provides that every holder of an Idaho Collection Agency License (Licensee) shall execute to the Director an agreement of consent to examination of any and all bank accounts of the Licensee providing the Director with the authority to make such an examination at any time the Director, in his discretion, deems it to be in the public interest.

Pursuant to the requirements of these sections, the undersigned (name of applicant/licensee entity),

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual,

whose address is _____
(Street) (City) (State) (Zip)

The applicant/licensee, organized and doing business under the laws of the State of _____ for the purpose of applying for or renewing a license to operate an agency under the Idaho Collection Agency Act, appoints the Director to be the attorney to receive service of any lawful process in any civil suit, action, or proceeding against the Licensee which arises under the Act or any rule or order under the Act, and consents to the examination by the Director or his designee, of any and all accounts maintained by or for the applicant/licensee at any bank, savings and loan association, credit union or other financial institution.

Dated this _____ day of _____, 20____

Name
(Printed, of individual, corporation, partnership, or limited liability company)

Title
(of corporate officer, partner, or manager of limited liability company)

Signature
(Of individual, corporate officer, partner, or manager of limited liability company)

State of _____)
County of _____) ss:

Subscribed and sworn to before me on this _____ day of _____, 20____

SEAL

Notary Public For _____
Residing at _____
My Commission Expires _____